



Prescription Drug Formulary Exceptions Coverage Determination Process

The following information provides a detailed description of the Medicare Prescription Drug Coverage Determination and Exceptions process. You, your appointed representative, your doctor, or other prescriber can submit a request for a coverage determination orally or by using the UPHP Request for Prescription Drug Coverage Determination form.

You can contact Magellan Rx Customer Services at 1-844-827-0182 or you can access the form on our website at: www.uphp.com/medicare.

Address: Magellan Rx Management 2520 Industrial Row Drive Troy, Michigan 48084	Fax Number: (248) 341-8133
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You, your representative, your doctor, or other prescriber will need to complete the necessary information and fax it to Magellan Rx or they can be contacted directly at the toll-free number indicated on the form.

As an Upper Peninsula Health Plan (UPHP) MI Health Link member, you have the right to request a coverage determination concerning your rights with regard to the prescription drug coverage you are entitled to receive under the plan, including:

- Basic prescription drug coverage and supplemental benefits.
- The amount including cost sharing, if any, that you are required to pay for a drug.

An adverse coverage determination constitutes any unfavorable decision made by or on behalf of UPHP MI Health Link regarding coverage or payment for prescription drug benefits a member believes he or she is entitled to receive.

The following actions are considered adverse coverage determinations:

- A decision not to provide coverage for a prescription drug (which includes a decision not to pay because the drug is not on the plan's formulary, determined to be not medically necessary, the drug is furnished by an out of network pharmacy, or UPHP MI Health Link determines the drug is otherwise excluded under the Centers for Medicare and

Medicaid Services (CMS) regulations that the member believes should be covered by the plan).

- The failure to provide a coverage determination in a timely manner when a delay would adversely affect the health of the member.
- A decision concerning an exception to a plan's tiered cost-sharing structure.
- A decision concerning an exception request involving a non-formulary drug.
- A decision concerning an exception request to lift restrictions such as prior authorization, step therapy, and quantity limits.
- A decision on the amount of cost sharing for a drug.

UPHP MI Health Link has both a standard and expedited procedure in place for making coverage determinations. The following is an explanation of each process.

Standard Prescription Drug Coverage Determination Process

Upon receipt of a standard coverage determination request, UPHP MI Health Link will review the request and make the determination.

1. We will conduct the determination and notify you in writing of the decision, using the following timeframes:
 - Request for Prescription Drug Benefits: When a party makes a request for drug benefits, UPHP MI Health Link will notify you or your appointed representative and your doctor or other prescriber (as appropriate) of our determination as expeditiously as your health condition requires, but no later than 72 hours from the receipt of the request or, for an exception request, the prescriber's supporting statement.
 - Request for Payment: When a party makes a request for payment, UPHP MI Health Link will notify you or your authorized representative of our determination within 14 calendar days from receipt of the request. If the determination is favorable, UPHP MI Health Link will make payment to you within 14 calendar days after we receive your request.
2. If UPHP MI Health Link decides fully in your favor on a request for a coverage determination, you and your doctor or other prescriber will receive written approval notification.
3. For denials related to drug coverage in whole or in part, UPHP MI Health Link will send a written notice of the determination to you and the doctor or other prescriber involved. The denial notice will state the specific reason for the denial and contain all of the applicable Medicare appeals language. For denials related to payment, UPHP MI Health Link will also send a written notice containing all of the applicable Medicare appeals language.
4. If we do not meet the timeframes above, we are required to send your request on to Level 2 of the appeals process where it will be reviewed by an Independent Review

Organization designated by CMS. We must send it within 24 hours of the expiration of the adjudication timeframe and the Independent Review Organization will issue a determination.

Expedited Prescription Drug Coverage Determination Process

1. You may file a request for an expedited coverage determination for drug coverage if you believe that applying the standard coverage determination process could jeopardize your health. If UPHP MI Health Link decides that the timeframe for the standard process could seriously jeopardize your life, health or ability to regain maximum function, the review of your request will be expedited.
2. You, your appointed representative or your doctor or other prescriber can request an expedited coverage determination. An expedited request can be submitted orally or in writing to UPHP MI Health Link and your doctor or other prescriber may provide oral or written support for your request for an expedited coverage determination. A request made or supported by your prescribing physician will be expedited if your physician indicates that applying the standard timeframe for making a determination may seriously jeopardize your life or health or your ability to regain maximum function.
3. When UPHP MI Health Link determines that a request qualifies for expedited handling, we will make our determination as expeditiously as your health condition requires, but no later than 24 hours after receiving the request, or, for an exception request, upon receipt of your physician's supporting statement. Both you and your prescribing physician will be notified of the decision, whether favorable or adverse. If UPHP MI Health Link first notifies you of an adverse decision orally, we will mail written confirmation to you within 3 calendar days of the oral notification. The written notice will also state the specific reason for the denial in understandable language and contain all of the applicable Medicare appeals language to ensure you are informed of your right to file a redetermination (appeal).
4. A request for payment of a covered prescription drug already furnished is not eligible for expedited processing.
5. To request an expedited coverage determination, you may call, fax or mail your written request to UPHP MI Health Link at the numbers indicated below. If you write, the 24-hour review time will not begin until your request is received.
6. If UPHP MI Health Link determines that your request is not time sensitive, where your health is not seriously jeopardized, UPHP MI Health Link will call you, notify you in writing and automatically begin processing your request under the standard coverage determination process. If you disagree and believe the review should be expedited, you may file a "fast complaint" also known as an expedited grievance with UPHP MI Health Link. The written notice will include instructions on how to file an expedited grievance.
7. If we do not meet the timeframe above, we are required to send your request on to Level 2 of the appeals process where it will be reviewed by an Independent Review Organization designated by CMS. We must send it within 24 hours of the expiration of

adjudication timeframe and the Independent Review Organization will issue a determination.

8. You have the right to resubmit your request for an expedited coverage determination with your doctor or other prescriber's support.

Assistance with Prescription Drug Coverage Determinations

A member, an appointed representative, the member's doctor or other prescriber can submit a request for a coverage determination orally or by using the UPHP MI Health Link Request for Prescription Drug Coverage Determination Form. You can contact Magellan Rx Customer Services at the number below. TTY/TDD users should call 711, or you can access the form on our website at www.uphp.com/medicare.

Address: Magellan Rx Management 2520 Industrial Row Drive Troy, Michigan 48084	Phone Number: 1-888-274-2031 Fax Number: (248) 341-8133
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You, your appointed representative, your doctor or other prescriber can call Magellan Rx directly to ask questions or initiate an oral request by calling the number above.

- Prior authorization or other utilization management review.
- Request for exception and approval for a non-formulary medication.
- Request for exceptions to a plan's tiered cost sharing.

For more information about the coverage determination process, you can find the Evidence of Coverage online at www.uphp.com/medicare.

The Prescription Drug Coverage Exceptions Process

Under the prescription drug coverage determination process you may initiate an exception request for the following situations:

- Covering a Part D drug for you that is not on our List of Covered Drugs (Formulary).
- Removing a restriction on our coverage for a covered drug. There are extra rules or restrictions that apply to certain drugs on our List of Covered Drugs, such as prior authorization, step therapy or quantity limits.
- Changing coverage of a drug to a lower cost-sharing tier.

A decision by UPHP MI Health Link concerning an exception request constitutes a coverage determination; therefore all of the applicable coverage determination requirements and

timeframes apply. If you are requesting an exception we can pend the request until we receive the “doctor’s statement.” Your doctor or other prescriber must give us the medical reasons for the drug exception you are requesting. Your doctor or other prescriber can fax or mail the statement to us, or tell us on the phone and follow up by faxing or mailing a written statement if necessary.

For a complete description of the exception process and to view a copy of the Evidence of Coverage, go to our website, www.uphp.com/medicare.

You, your appointed representative or your doctor or other prescriber can submit an exception request either orally or in writing by contacting Magellan Rx at:

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UPHP MI Health Link will track all standard and expedited coverage determination and exception requests received, including the date received, type of request, the final disposition of the request, and the date of the final disposition.

Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.